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MORTALITY OF CHICAGO.

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As appears by a record, kept by A. S. Bates, City Sexton, the proportion of deaths to the population of Chicago, during the years 1843, '44, and '45, inclusive, were as follows:

Years.	Deaths.		Inhabitants.		Death.		Inhabitants.
In 1843	117	to	7,580	making	1	to	64.78
" 1844	288	"	10,170	"	1	"	38.78
" 1845	290	"	12,088	"	1	"	41.68

Making an average for the 3 years, viz: 1843, '44, and '45, of 1 in 48.

Comparing these statistics with those of Philadelphia, New York, London, and Paris, and taking an average of their mortality for ten years, from 1821 to 1830 inclusive, we find the proportions as follows:

	Death.		Inhabitants.
Philadelphia,	1	to	38
New York,	1	"	36
London,	1	"	55
Paris,	1	"	36
From 1843 to '45 inclusive, Chicago,	1	"	48

It will be seen by this comparison, that the average degree of mortality in Chicago is less than in either of the above named cities, London alone excepted. Thus it is proven beyond all controversy, contrary to the general opinion abroad, that this city is remarkable for the low proportion of its deaths, and of course is as healthy, in point of location, as any city in the country, Philadelphia not excepted.

In 1845, from January to October inclusive, there were in Chicago 239 deaths, as follows:

	Whole No. Deaths.	Adults.	Children.
In January,	19	5	14
" February,	18	6	12
" March,	11	8	3
" April,	15	10	5
" May,	22	16	6
" June,	9	6	3
" July,	42	16	26
" August,	35	16	19
" September,	48	15	33
" October,	20	11	9
Total,	239	109	130

Referring again to the statistics of Philadelphia and New York, we find that in those cities, during the same months in 1830, the proportions were as follows:

	Deaths.	Adults.	Children.
In Philadelphia	3,435	1,769	1,666
" New York,	4,665	2,056	2,609
Same months, 1845, Chicago,	239	109	130

By the above comparison it appears that the proportion of deaths among children, compared with the mortality at all ages, is greater in Chicago than in Philadelphia, but less than in New York, even when no allowance is made for the comparatively large proportion of children constituting our population. When in comparing statistics, due allowance is made for this peculiarity,—the unusual number of children in the population of our city,—it is found that the mortality among them is less even than in most other places. Hence the accusation against Chicago. that children here are remarkably subject to disease, finds no foundation in fact.

The above tables also show, that the greatest mortality both among adults and children is during the months of July, August, and September, caused, without doubt, by the prevalence, during the hot weather of this period, of Miasmatic and abdominal diseases, such as remittent, intermittent, bilious, and congestive fevers, inflammations of the stomach, intestines and liver, diarrhœa, dysentery, &c., all of which diseases are every where more prevalent during the summer months.

The next greatest mortality is in the months of January and February, a period in which inflammatory diseases of the air passages and lungs, are most common and severe.

The above named diseases causing doubtless two-thirds of the deaths in our city, are not often fatal when met by early, judicious and prompt treatment, but it is a fault too common with our citizens, to call a physician too late, or, what is worse, to seek the advice of a practitioner, in whose peculiar sugar and water treatment, there is neither harm nor efficiency.

The above statistics for three years show a proportion of deaths, as follows: 1 in 64 in 1843, 1 in 38 in 1844, and 1 in 41 in 1845, showing a great increase of mortality since 1843, which can only be accounted for as follows:

During the last named two years, epidemics, such as scarlet fever, &c., have been more prevalent, our citizens have become more active in manufacturing, building, and commerce; and of course more workmen are employed, liable to a greater extent than others to accidents. But above all, homœpathic practice has come into vogue since 1843, and is still blindly adhered to by many of our citizens, which by its inefficient treatment has *permitted*, as is the opinion of all our most intelligent physicians, at least one-third of the deaths from the above named most common causes.

BIBLIOGRAPHICAL NOTICES.

The Monthly Miscellany and Journal of Health, edited by W. M. Cornell, M. D. Boston, Jan., 1846. Vol. 1, No. 1.

We have been favored with the first number of this new publication, and cannot give a better idea of its objects and character than by quoting from the introductory remarks of the editor. We welcome this new accession to the ranks of Medical Literature.—[Ed.

"We cannot say what we *may* publish, owing to the small dimensions of our work and the little experience we have had (though we have had some) in the chair editorial. But, if we had room and ability, we would make it of a miscellaneous and newspaper character, and say something of christianity, morals, education, the best methods of instruction, government both family and civil, temperance, equal rights, agriculture, manufacturing, commerce and marine interests, literature, news, reviews of books, &c. &c. We do not know that we shall speak of half these subjects, but we may say a word on all of them.

"One object to which we would devote a portion of our pages, is the means of preserving health, and thus forestalling and preventing disease. In this respect, we would, if we

could, make our Journal what no one, with which we are acquainted, now is; for, while there are, at present, many able *medical* and *professional* periodicals, we know of no one specially devoted to the *preservation of health.*

"We have laid our foundation broad enough, and mean to make the work just what its title imports—*a Miscellany*, treating of things in general, as circumstances may bring them before us. In what relates to health, this Journal will always be found in opposition to empiricism in all its forms, and maintain the importance of a class of educated and thoroughly trained men for physicians. Many of the articles which we shall publish will be original; others selected."

MEDICAL INTELLIGENCE.

MEDICAL SCHOOLS.

We have received the catalogue and circular of the following Institutions for the winter session of 1845-46.

Louisville Medical Institute. Number of Students who Matriculated, 345.

Willoughby Medical College. Number of Matriculants 164. Number of Graduates, 30.

Albany Medical College. Number of Students, 115.

Vermont Medical College, at Woodstock, (Announcement.)

Western Reserve College, Medical Department at Cleveland, Ohio. Number of Students, 161.

Rush Medical College.—The Degree of Doctor of Medicine was conferred upon the following young gentlemen at the annual commencement of the Rush Medical College, February 19, 1846.

Graduates of 1846.		Subject of Thesis.
Elwood Andrew,	Indiana,	Therapeutic virtues of the Euonymus Atropurpureus. (Wahoo.)
J. Herman Bird,	New York,	Carcinoma.
Daniel K. Hays,	Indiana,	Duties of young Graduates in Medicine.
James M. Higby,	Michigan,	Quinia.
Newton P. Holden,	Illinois,	Dyspepsia.
Alex. Malcolm,	Iowa Ter.	Fever.
Cicero Robbe,	Illinois,	Duties of the Student and Practical Physician.
Halsey Rosenkrans,	Illinois,	Auscultation.
Wm. W. Welch,	New York,	Contagion.

The honorary Degree of Doctor of Medicine was conferred on Wm. G. Montgomery, of Warren county, Indiana.

A New Medical Society.—We have before us a circular signed by a number of Medical gentlemen, residing in the Rock River Valley, calling a convention of Physicians at Rockford on the 17th of February, for the purpose of organizing a Medical Society. It is much to be regretted that the notice is so short as to exclude many who would be happy to join in the movement. We hope in our next number to have the proceedings of the convention to lay before our readers, when our remarks will be more extended.—[Ed.

Our Journal. Its proposed enlargement.—It is our purpose, in accordance with the expressed desire of a large number of our subscribers, to commence our next volume in a new form, and of a size more adequate to the wants of our readers. The first number of our *third* volume will be issued as early in April as practicable, and will contain 96 pages. It will thereafter be issued *every other month* at $2.00 per annum in advance, thus giving to our patrons 576 pages in the volume, being *three times* the present amount of matter, for but *double* the present price of subscription. Our prospectus will be issued in a few days and will be sent to each of our subscribers, who are respectfully requested to aid us with their efforts and influence in extending our circulation, and thus enable us to defray our greatly increased expenses. Our new volume will be printed with new type, upon good paper, and will be much improved in typographical execution, and we hope, in the interest and importance of its contents.—[Ed.

PRACTICAL MEDICINE, &c.

Thymic Asthma.—This disease *(real or supposed)* was first fully brought before the profession by Dr. Kopp of Germany, and numerous cases, supposed to be dependant upon the enlargement of the thymus gland, have since been published in Europe and America.

Doubts have from time to time been expressed in regard to the existence of a "new disease," depending upon this cause, and these seemed to have gained strength, so that the better opinion is perhaps opposed to its existence. The article given below, from the high authority of Trousseau, in all points of pathology of infantile diseases, will go far to confirm this view, which, however, had already been expressed in similar terms by Charles A. Lee, M. D., of New York, in an article in the American Journal of Medical Sciences, for January, 1842. The following was his conclusion from the analysis of a large

number of cases, "that 'thymic asthma' and 'spasm of the glottis,' are the same disease which often owes its origin to irritation of the nerves of the glottis, sometimes involving the whole excito-motary system, chiefly by teething, through the fifth pair of nerves."

On Thymic Asthma. By M. Trousseau.—A great deal has been written of late in Germany, says M. Trousseau, on *thymic asthma*—a disease first described a few years ago by Mr. Hood, of Kilmarnock. In this "newly-discovered" disease, the thymus gland is stated to give rise to convulsions and sudden death in infants by its enlargement. The existence of such an affection was from the first questioned by the French pathologists, and M. Troussean now states that his researches have proved to him, in the most satisfactory manner, that there is no such disease. The facts brought forward by the German physicians must be admitted, he states, but the interpretation which they give of these facts is erroneous. Instead of being instances of an undescribed form of disease, they are merely illustrations of *partial convulsions.* The analysis of the phenomena of convulsions in children has proved to M. Trousseau that such is the real nature of the cases narrated by Kopp and other physicians as examples of thymic asthma, as well as, partly, of others described under the name of *laryngismus stridulus*, or *acute asthma of Millar.* The following is a brief analysis of M. Trousseau's views on this subject:—

In children, convulsions *(éclampsie)* generally present the epileptic form. The child screams, becomes stiff, twists its body, the thorax being fixed and the respiration suspended. The face, at first pale, becomes violet; the veins are distended; then follow clonic spasms, at first rapid, then slow; after which a deep expiration and general muscular relaxation close the fit, leaving more or less somnolence and stupor. The attack lasts one or two minutes. One paroxysm may be followed nearly immediately by another; indeed, they may succeed each other indefinitely, constituting an "état de mal." But when this is the case, the convulsions are not continuous, although sometimes considered so. They may, however, be continuous, and last for hours, or even days. When this is the case, the attack is often ushered in by an epileptic paroxysm, as above; but the spasms, instead of ceasing, are repeated every second, or at very short intervals. The convulsions are continuous, because there is never any complete cessation, nor the deep stupor which follows an ordinary paroxysm. In this form of convulsion, the child, although convulsed, does not lose all consciousness—an important feature in the disease. He cries to express a want or to complain of

a pain, and is able to withdraw his hand when it is pinched or tickled. The convulsion is not, therefore, as universal as it appears; it is, rigorously speaking, *partial.*

Convulsions may be still further localized. After a severe epileptic attack, one-half of the body may remain for some hours affected with clonic spasmodic motions, and yet the intellect of the child be clear, and the motions of the other side of the body harmonious.

The convulsions hitherto described are easily recognized; but convulsions may be internal as well as partial, and then they are by no means so easy to appreciate; then, also, it is that difference of opinion as to the interpretation of the symptoms begins to be entertained. Internal convulsions are partial convulsions, occupying more particularly the muscles of the globe of the eye, of the pharynx, of the larynx, and of the apparatus of respiration. The most ordinary form of internal convulsion is characterized by turning of the globe of the eye with mobility, nearly total loss of consciousness, or, at least, a certain amount of stupor, extreme difficulty or impossibility of deglutition, and by respiration, uneven, sometimes scarcely perceptible, sometimes deep and blowing—in a word, by an attenuation of most of the phenomena of epilepsy, and by the absence of the violent convulsions of the limbs and face.

Sometimes the diaphragm and the inspiratory muscles of the abdomen and of the chest alone act, and then, for one, two or three minutes, a peculiar laryngeal blowing sound is heard, as if there existed an obstacle to the entrance and to the exit of the air. If the proper muscles of the larynx are at the same time convulsed, as their motions do not coincide, the disordered condition of the respiration appears alarming, although it is only really so when this state is much prolonged. Such is the real explanation of those states of disordered respiration which have been called thymic asthma, or laryngismus stridulus. A want of harmony between the spasmodic motions of the diaphragm, and of the muscles which move the arytænoid cartilages, is sufficient to produce the laryngeal sibilus, the orthopnœa. In the regular act of inspiration, the superior part of the larynx opens at the same time that the diaphragm descends, and produces a vacuum in the chest. If the contraction of the diaphragm takes place too rapidly, and if, at the same time, there is spasm of the larynx, as in whooping-cough, the inspiration becomes nearly impossible, and is accompanied by a violent sibilus. In the case which we are examining, however, it is not necessary to call to our assistance a want of harmony between the movements of the diaphragm and those of the muscles of the larynx; it is sufficient to suppose that the will or the instinct no longer presides, for a moment, over the movements of the arytænoidean cartilages; the muscles which move them, no longer obeying any

nervous impulsion, are for the time in the condition of those of animals in whom the recurrent laryngeal nerve has been divided.

The above details explain how it is that thymic asthma, so frequent in the eyes of some observers, is never found by others. The former attribute to an increase in size of the thymus, accompanied by paroxistic accidents, what the latter consider to be merely one of the forms of convulsions in children. The thymus, like the supra-renal capsules, is an organ of transition, destined to become atrophied after the birth of the human fœtus, and less than any other organ likely to be hypertrophied. During the six years that M. Trousseau has been at the head of important wards for very young children, *he has not once met with the the thymus gland sufficiently enlarged to give rise to the slightest accident.*

M. Trousseau concludes his essay by promising, in a future article, to point out the connection which exists between convulsions and laryngismus stridulus and the acute asthma of children. At the same time he thinks it right to state that these diseases are not mere forms of infantile convulsions, as is the case with thymic asthma.—*Lancet*, Aug. 30, from *Jour. de Méd. in Am. Jour.*

On the Use of Phosphate of Ammonia in Gout and Rheumatism. By T. H. Buckler, M. D., of Baltimore. (From the American Journal of Medical Sciences.)

The following extracts from the article of Dr. Buckler will be read with interest, and, if the results should be sustained by the experience of others, may prove of great practical utility. The pathology of the fluids, long neglected, has been lately cultivated with success, and this may be regarded as one of the first attempts to apply the results it has afforded to practice.

"Both diseases are frequently associated with what is called the uric or lithic acid diathesis; that is to say, when a man has a gouty or rheumatic habit, it is generally found that lithic acid is in excess in the secretions of his skin and kidneys. When an individual labours under an acute attack of gout or rheumatism, his recovery is generally heralded by a redundant deposit of lithic acid in his urine. This harbinger of a favorable termination to the disease may happen on the second day of his attack, or on the sixth week, as may be; but whenever it does appear, it may very safely be said that the patient is convalescent.

By what mode this acid is eliminated, or what accident it is which determines its separation, we are unable to say; it stands merely as an isolated fact that by some chemical or

vital change taking place, uric acid is separated in great quantity and the individual is relieved. The urine in the course of such an attack may be examined and found as clear as water, and the fluid passed ten or twenty hours after, so loaded with lithic acid as to resemble the washings of a wine cask or beer barrel. From whence is this enormous quantity of lithic acid so suddenly derived? Not from any sudden defect of assimilation occurring in the course of the disease, or from the solids of the body. It is most likely then derived from the blood; but uric acid cannot have existed there in a free state, or it would have been passed from day to day. If then it existed in the blood, it must have been in some state of combination with soda, or lime, or both. And this is the more likely, when we reflect, that the concretions and thickenings which take place in the fibrous, cartilaginous, and white tissues generally, as before stated, are owing to the deposit in them of soda and lime in variable proportions with lithic acid. Taking into account these two prominent facts above stated, namely, the excess of lithic acid found in the urine at the period of convalesence from an attack of acute gout or rheumatism, and the subsequent deposit of soda and lime in the white tissues, it occurred to me, that during the existence of these diseases, the lithic acid might exist in the blood in a state of combination with soda and lime in the form of insoluble compounds, which the kidneys and skin refuse to eliminate. If, then, any agent could be found capable of decomposing the lithates of soda and lime existing in the blood, and of forming in their stead two soluble salts that would be voided by the kidneys and skin, we should thereby get rid of the excess of fibrin in the blood, the symptomatic fever and the gouty and rheumatic inflammation, wherever seated, which have been excited by the presence of these insoluble salts. It occurred to me that *phosphate of ammonia* might be the agent, provided it could be given in doses sufficient to answer the end without producing any unpleasant physiological symptoms. If our theory were true, phosphate of ammonia seemed to be the proper reagent, for it would form in place of the insoluble lithate of soda, two soluble salts, the phosphate of soda, which is remarkably soluble, and the lithate of ammonia, which is also soluble, and both capable of being readily passed by the skin and kidneys. The excess of uric acid would thus be got rid of in the form of lithate of ammonia; and the soda floating in the round of the circulation, (instead of being deposited, as it were, like an alluvial formation in the substance of the fibrous and cartilaginous tissues,) would be taken up by the phosphoric acid and eliminated from the circulation. Based on this theory I determined to try this salt, and it was not long after that a favorable opportunity presented itself.

Case IX.—John Conolly, ætat. 44, entered the hospital June 20th, 1845. He has had more or less rheumatism for the last 12 years. At the time of entrance, he was suffering with an attack in his ankles, knees, and wrists. All these joints were more or less swollen and painful on motion, particularly the wrists, and had been in this condition for six months. The joint of the middle finger of his right hand is anchylosed from a previous attack. He was also suffering from a sclerotitis in both eyes, the left being most diseased; this commenced four weeks previous to his entrance.—There were also traces of an old iritis in his left eye. He was ordered salts and colchicum, blue mass and opium, &c., with various local treatment to his eyes. His rheumatism under this treatment improved a little, but his eyes remained in the same condition. On October 26th, he was ordered phosphate ammoniæ, gr. xij three times daily; and he still continued the salts and colchicum. In three days, his eyes were nearly clear; he had lost all pain, and there was but little injection left. The improvement in his joints was not so perceptible till the end of two weeks. At that time the swelling had much subsided, and he expressed himself as being nearly free from pain. On November 25th, his condition is as follows: he walks well; the swelling in all his joints, except the right knee, has subsided, and he still has some pain on motion, in this joint and the left ankle. He has exposed himself to cold, and has had, once or twice, an increase of inflammation in his eyes, but in two or three days, the injection would subside as before. At present there is no pain, the right eye is clear, but the left has still some injection in the sclerotic coat.

Case X.—Wm. Taylor, ætat. 40, has had rheumatism for the last seven years. Nearly all that time he has been in the hospital in bed, unable to go about the ward without the assistance of crutches. He has taken various remedies, but with slight and temporary benefit. He has suffered more or less in all his joints, but principally his knees and wrists, which have been so much swollen as scarcely to admit of any motion. He has been taking the phosphate of ammonia for the last two months, grs. xij three times daily. He says he is better than he has been for the last five years. The swelling has subsided in a remarkable manner, particularly about his fingers, which are more pliant and useful than they have been since his entrance.

Case XII.—Eliz. J., a woman, ætat. 28, enjoying habitually good health, of a tolerably robust frame, a chamber maid, entered the Baltimore Infirmary on the 3d of November; fourteen days previously she had gone some distance to set up with a sick friend. The evening was inclement, and heated by exercise, she stepped over her ankles into a puddle; her

feet were thoroughly wet; perished, as she said; she remained five hours in these wet feet, and felt sick; had headache, nausea, and contusive pains in her back; she returned home, and the next day was scarcely able to go about the house; that night she had a chill, followed by fever and pains in all her articulations. She remained at home in bed without any treatment other than rubbing herself and using mustard plasters, until she came to the hospital.

Dorsal decubitus. Arms and wrists flexed as well as knees; all the articulations of the fingers tense and swollen; wrists doughy and tender; left knee much swollen; complains of both shoulders and left hip; screams when moved in bed; face flushed, expressive of fear and suffering; skin hot, moist; pulse small, tense, 120; dry, hacking cough, which causes her to weep from the motion it produces; slightly prolonged sound with first sound of heart; urine, small in quantity, high-colored and irritating. Venesection ℥xx; cups to præcordial region, No. iv; sulph. magnes. ℥i; vin. colchici ℥ij; aquæ ℥viij. A tablespoonful every 4 hours. Phosphat. ammon. grs. x three times a day. Dover's powder grs. xv at night.

I need not detail the changes in this case from day to day. The salts and colchicum were continued for four days, when they produced hyperpurgation and nausea; they were discontinued, and then ten drops of wine of colchicum given twice daily. This also producing nausea, was withdrawn after two days, and the phosphate of ammonia, increased to twenty grs. three times a day, alone persisted in. There was steady improvement from day to day until the 18th. The pulse fell to 72; the rheumatism shifted from joint to joint, but daily its intensity was less and less. The sounds of the heart were normal on the 16th; the urine pale and abundant; the skin moist and without heat; the appetite good; and on the 18th she was, as she said, as "supple as an eel," and proved it by dancing. On the night of the 20th, she was up while in a state of perspiration with a sick woman, and had a slight relapse; the finger joints again became puffy and swollen and stiff. But confinement to bed and the phosphate sufficed in two days to relieve this. I called to see her on the 24th; she is well with her friends; complains of no pain; looks a little pale; the heart is normal, and the joints natural in size.

"*On the Therapeutic Action of Arsenic.*—M. Boudin, senior physician to the Military Hospital at Versailles, made the following communication:—After having for a considerable period taken arsenic myself, and thus convinced myself of its safety in therapeutic doses, I, during the last five years, administered arsenic to 2947 patients of various ages, and obtained the most satisfactory results from its use, without the

slightest inconvenience referable to the arsenic having occurred in any one case.

"Most of these patients were affected with marsh fevers of various types; upwards of 2000 of them had been previously treated with sulphate of quinine from one to ten times; and nearly 500 of the number had previously taken, without any benefit, more or less considerable quantities of sulphate of quinine.

"Those patients were not selected; arsenic was administered to all without distinction. Neither was the medicine given at any particular season, but I observed that it was necessary to exceed the mean dose in the summer. The medicine has further been administered in various latitudes, always on a large scale, and to patients from almost every part of the world—Senegal, Algiers, America, Syria, Italy, Corsica, the Delta of the Nile, the Rhone, &c. The result has been, that for five consecutive years, I have never had to administer sulphate of quinine in a single case.

"The duration of the treatment has been generally short; the fever has seldom resisted the first or the second dose of arsenic; relapses have been extremely rare—a circumstance which, however, I chiefly attribute to the febrifuge having been continued for eight or ten days after the cessation of the accesses.

"Comparative experiments have led me to reject all the arseniates, and employ arsenious acid exclusively. The solutions of Fowler and of Pearson take too long to prepare, and it is difficult—nay, even dangerous—to adjust their doses properly; I have therefore substituted for them a solution of one grain of arsenious acid in a pint of Water.

"It is unnecessary to add opium to this solution; the great division by the large quantity of vehicle, is the best guarantee against its irritating action. A fifth part of the above solution contains the *fifth* of a grain of arsenic, and is the medium dose. It should be administered three hours before the calculated period of the access of fever. If the antecedents of the case raise the presumption that the fever is obstinate, two other doses should be previously administered, with an interval of two hours between each. I, for a long time, gave at Marseilles, as the mean dose of arsenious acid, one or two *hundredths* of a grain of arsenious acid, and this is the dose still administered by many physicians in the south of France, and especially by some of the professors at Montpellier. I now prefer the above mentioned dose of one-fifth of a grain. It has been objected to the use of arsenic that it is a poison! Three hundred years have elapsed since Paracelsus answered —'Arsenic cures because it is a poison.' Moreover, sulphate of quinine is also a poison, but nevertheless it is one of our most valuable medicines. 'But arsenic kills in a very small

dose.' Be it so; but why give doses of it which kill, when it is easy to give it in quantities that cure? Besides, other medicines, as strychnine and corrosive sublimate, &c., kill in smaller doses than arsenic does; but where is the practitioner who dreams of not prescribing them? It has been said that arsenic causes, or tends to cause, visceral enlargements, &c. This fable may be excused in persons who have no experience of its administration. It has been also objected that arsenic does not cure in every season of the year; but this is not the case unless it is administered always in one invariable dose, and above all, unless the practitioner neglects to treat decidedly, and at its commencement, those affections of the digestive organs which constitute one of the most frequent complications of ague. Finally, it is said that arsenic is useless, as quinine *always* effects a cure. It is needless to enter upon a serious refutation of this mistake. Ramazzini, Baker, and J. P. Frank, have recorded epidemics which were quite refractory to bark—for example those of 1680, 1781, and 1787. But even if bark did cure always, its high price places it beyond the reach of the poorer classes."—*Dub. Med. Press, Sept.* 24, in *New York Jour. of Med.*

Sunlight and Health.—[Chambers' Edinburgh Journal abounds with admirable papers, occasionally on matters of essential importance to mankind would they heed the admonitions. Read this.]

Turning now to animal economy, we find growth, health, and developement also curiously affected by the absence or presence of the solar influence. Dr. Edwards has shown that if tadpoles be nourished with proper food, and exposed to the constantly renewed action of the water, (so that their touched respiration may be maintained,) but are entirely deprived of light, their growth continues, but their metamorphosis into air-breathing animals is arrested, and they remain in the form of large tadpoles. He also observes that persons who live in caves or cellars, or in very dark and narrow streets, are apt to produce deformed children; and that men who work in mines are liable to disease and deformity beyond what the simple closeness of the atmosphere would be likely to produce. It has been stated, on the authority of A. Wylie, that the cases of disease, on the dark side of an extensive barrack at St. Petersburgh, have been uniformly for many years in the proportion of three to one on the side exposed to strong light. Further, Dupuytren relates the case of a lady whose maladies had baffled the skill of several eminent practitioners. The lady resided in a dark room (on which the sun never shone) in one of the narrow streets of Paris. After a careful examination, Dupuytren was led to refer her complaints to absence

of light, and recommended her removal to a more exposed situation. This change was followed by the most beneficial results; all her complaints vanished. The more, therefore, that animals are exposed to the influence of light, the more free are they in ordinary circumstances, from irregular action and deformity.

[A Richmond paper, in extracting and commenting on this, thus remarks:]

In another part of the article, it is shown that heat and light alone, without the solar radiation, will not suffice for the health of vegetables or of animals; else the artificial fires and lustres of our apartments would have that effect; but they do not. An indispensable agent is actinism.

Now, do not the foregoing facts prove the unhealthiness of changing night into day, as many of our fashionable and semi-fashionable, studious and psuedo-studious people do? The unhealthiness of wasting in bed the bright and bracing hours of early morning, when nature bids us be out of doors digging, or walking, or riding? Is not the balefulness of dark rooms made palpable? Draw aside those curtains—open those window-blinds, thou sluggard, and let Aurora and the sun, looking full into thy chamber, shame thee forth, if they cannot charm thee forth, to inhale strength and health in those best and most beauteous hours of the day.—*Bost. Med. and Surg. Journal.*

The following extract from the Medical Examiner of January contains some very judicious remarks upon vaccination, and is justly severe upon a large class of our fellow citizens for their "obstinacy," in refusing, by their negligence, to appreciate its importance.

Epidemic Small-Pox.—We have never known small-pox to be so prevalent throughout the country as at the present time. Cities, towns, and villages, every where, are infested with it to a great extent; and what is remarkable, the epidemic seems to be as mild as it is prevalent. The great majority of cases occur in persons who have undergone a degree of protection by having previously had the disease or been vaccinated, and in such, as usual, it is greatly modified—the attack consisting of more or less pain in the head and back, some nausea, fever for a day or two at the commencement, with a sparse eruption, and *no secondary fever.* Such cases require very little treatment, recover in from three to five or six days after the first appearance of the eruption, and are followed by no disfiguration. When the disease attacks those who have not previously been vaccinated successfully, or have not had the variolous disease, it runs the ordinary course of unmitigated small-pox;

in some instances being discrete, and in others confluent, according to the constitution and treatment of the patient. In Philadelphia, where the disease has been quite prevalent for more than a month past, we have heard of no instance in which it has proved fatal where the subject was known to have been successfully vaccinated, and the deaths that have occurred, as far as have come to our knowledge, have been confined to such as had never been vaccinated, or in whom the proper vaccine mark had disappeared, if it had ever existed. It is a subject of astonishment and regret, that in an enlightened community like that in which we live, so much laxity and obstinacy should prevail in regard to the necessity of vaccination. In repeated instances, since the present epidemic has appeared, we have had occasion to vaccinate two and three persons in one family, mostly children or servants, who had until the time been neglected. How can it be expected that we shall be exempt for any long time from a disease so communicable, while such carelessness and stupidity prevails? A large proportion of the unprotected cases that occur in Philadelphia, are in persons who have come hither from remote or surrounding places, and it would appear that an equal degree of the carelessness to which we have referred, prevails all over the country. Even in the Eastern States, among a people so proverbial for their prudence, the same heedlessness prevails.

Fictitious Catalogues of Medical Students.—A correspondent in one of our large cities, calls our attention to a new subject, by saying that the profession is not aware, perhaps, "that certain medical schools in the United States are in the habit of issuing annually, a list or catalogue of students, far exceeding in the *real number* of their matriculants or attendants. This is done for the purpose, no doubt, of swelling the importance of their institutions abroad, or in distant places, and with the view of attracting additional students the next year to their benches, under the idea that most young men like to congregate. Besides the fictitious names thus introduced into catalogues, the professors, or their agents," the writer says he is informed, "invite the apprentices of shomakers, tailors, carpenters and apothecaries, to attend their lectures, and add *these*, also, with some change of surname, &c., to their list of regular attendants. The whole of this fraudulent system is not only derogatory to those concerned in it, but injurious to the profession; inasmuch as it induces medical men in remote places, unaware of the imposition, to get up other medical schools, under the persuasion that they also can form classes with the same facility that Drs. A, B, and C have done in Philadelphia, New York, Baltimore, and Boston." The same

gentleman says, further, that we shall "confer a favor upon many respectable physicians, by calling the attention of the profession to this subject at the present moment," and assures us that he "will undertake to prove his assertions a few weeks hence, by sending us the catalogues of such institutions as practice this foul iniquity, and by reviewing them and furnishing the names of their decoy ducks, with extended and suitable comments upon such transactions."—*Boston Med. & Surg. Jour.*

The employment of Blisters in acute diseases of the Brain. By Dr. Tritschler.—Blisters are frequently used and applied to all parts of the body except the frontal region, which, according to Dr. T., is the best place to make them act in acute affections of the brain. He covers the whole frontal region, and even the root of the nose, by a vesicatory, and remarks, that besides a free suppuration produced by it, there is generally a copious flow of mucous from this organ. We learn, too, from the Journal des Connaisances Medico-Chirurgicales, that the physicians in the Parisian Hospitals employ these blisters with success against cerebral symptoms in severe fevers. The application of a single one is not sufficient to disfigure a patient.—*Southern Med. and Surg. Jour.*

Lithontriptic action of the Uva Ursi. By Dr. Fenolio.—An old calculous patient had fever, and experienced severe pain in the bladder. He would not consent to be sounded. Dr. F. prescribed a decoction of the *uva ursi*, prepared thus: ℞ Uva Ursi, ℥ss.; Water, ℥ix. Boil for fifteen minutes; strain, add syrup of gum, ℥ v., and take the whole in three doses. After using this tea for three days, the patient passed 13 pretty large gravels, and in five days more, 90 others. The whole formed a considerable mass. His suffering and fever disappeared.—*Jour. des Con. Médico-Chir.—Ibid.*

A new hæmostatic means—sheep brains.—M. Dupuy, at the sitting of the Academy of Medicine in Paris, 17th June, stated, that the cerebral matter of sheep possessed in a very high degree the property of coagulating the blood, and of immediately arresting hœmorrhages. A small portion of the brain injected into the femoral vein of an animal produced death in a few minutes. The blood was found coagulated in the heart, and in the vessels, as M. D. had predicted. He thought that surgeons might profit by this fact.—*Jour des Con. Médico-Chir. —Ibid.*